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ABSTRACT

The fourth of eight related documents, this monograph describes the prekindergarten identification and readiness phase of the Reading Instruction and Pupil Personnel Services (RIPPS) program. The document describes the four major components of this phase: (1) a comprehensive registration, (2) parent information presentation, (3) health screening, and (4) development screening. The school health program is outlined, including information on immunization and when to keep a child home from school with illness. Appendixes include the registration form, health and developmental screening forms, and a parent interview form. (HTH)

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EARLY IDENTIFICATION & READINESS PROGRAM

MONOGRAPH 3

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RIPPS
READING INSTRUCTION & PUPIL PERSONNEL SERVICES

OFFICE OF GRANT PROGRAMS
PORTSMOUTH SCHOOL DEPARTMENT
PORTSMOUTH, RHODE ISLAND 02871

Prepared by the RIPPS Demonstration Project.

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6/77

CS005975

The pre-kindergarten screening and information program is based on the concept of early identification and early intervention, which should lead to fewer problems as the child progresses through school.

The program consists of four major components: a comprehensive registration, kindergarten parent information presentation, health screening and developmental screening.

Not only does the "at risk" child in need of supportive services get identified upon his entrance into formalized schooling, but *all* children entering kindergarten benefit by the early assessment. The modes by which the child learns best will be identified and a folder will be prepared for each child that will become the basis of his instructional program.

Of prime importance in the total process is the direct involvement with the parent at each level.

Registration

At the time of kindergarten registration, the team supplies the parent with an information packet, containing a Parent and Child Handbook prepared by the team which includes the kindergarten teachers. This handbook gives specific suggestions on preparing the pre-school child for kindergarten. Also included in the packet is information relating to the child's physical health and a Parent Interview Form, which is helpful in providing developmental and social information.

During registration, parents are requested to make two appointments – one for attending the Kindergarten Information Program (K.I.P.) and one for the Vision and Hearing Screening.

Kindergarten Information Program

A series of Kindergarten Information Programs are held at each elementary school, including morning and afternoon sessions as well as a "Dad's Night" for those who cannot attend during the day.

Present at this meeting are the kindergarten consultant, school psychologist and Title I Coordinator, guidance counselor and a kindergarten teacher.

An overview of the kindergarten program and an explanation of the screening process and available services are presented to the parents, as well as a slide presentation of local kindergarten children working with various materials on specific skills. A discussion time is set aside, as well as visits to the kindergarten in session.

During the evening program, after the presentation, the kindergarten teachers meet in small discussion groups with the parents and demonstrate materials used with the children to point out the skills of developmental areas critical to a child's success in school.

KIP provides parents an awareness of what the kindergarten program involves and helps prepare the parent, as well as the child, in the social and academic areas.

Parent conferences through the year are also much less time consuming and flow more smoothly because the parent who has attended the KIP meetings has an understanding of the kindergarten program.

The contact with parents of children who are selected for the Title I population is also more productive and cooperative as they previously have met the consultant and understand her role in relation to their child.

Health Screening

At the health screening, children are weighed and measured; vision and hearing screening is done. Each parent has an opportunity to talk with the school nurse. Nurse-interviews will cover the child's immunization status, a dental inspection, a review of any special health needs the child may have and arrangements which may be necessary for his health and safety at school.

It is at this screening that the parent returns the completed Parent Interview Form and discusses it with the social worker or counselor.

This initial parent contact has been found by the team and school staff to be an invaluable tool in getting to know the child and help understand him at a much earlier point in the school year.

As a result of the health screening, parents are given suggestions where there may be areas of concern. Medical problems, if any, are often taken care of by the time the child enters school.

Developmental Screening

During the spring, children who will be entering kindergarten in the fall, take part in a pre-kindergarten screening program. This screening provides data regarding each child's information processing skills in language, visual-motor, and gross-motor areas. It also provides a quick survey of the learning skills of children entering kindergarten, so that the school curriculum may be better oriented toward their needs. The Comprehensive Identification Process (CIP) is used.

Children most in need of Title I services are identified through the screening as well. In addition to the spring screening, acceptance to the program is based upon further evaluation by the kindergarten reading consultant in close consultation with each child's classroom teacher. At this time the pupil personnel component of the team becomes involved when necessary, if it appears that there are areas other than readiness skills that need to be implemented. (See monograph on Pupil Personnel Services)

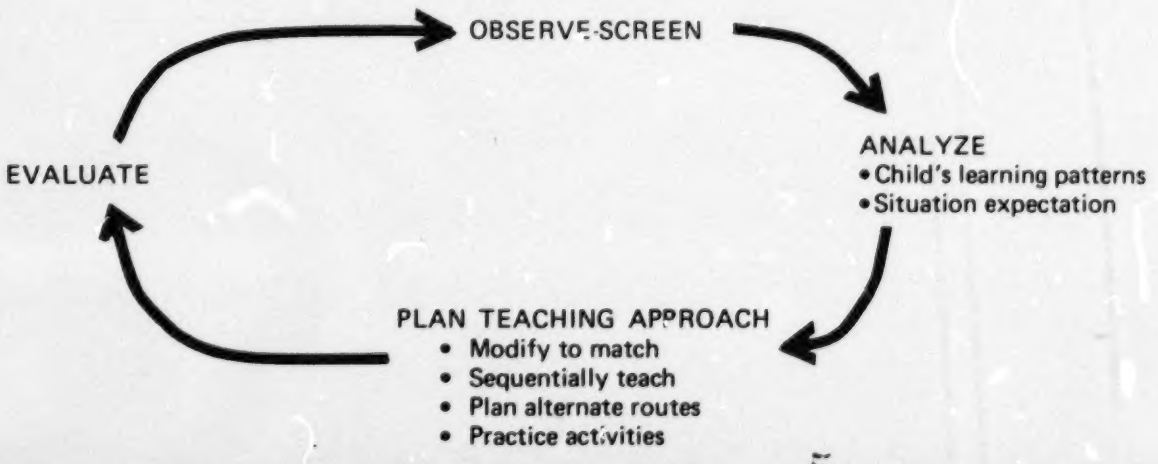
The in-depth assessment using the Yellow Brick Road and Santa Clara conducted by the kindergarten reading consultant includes the following areas:

Gross-motor coordination
Visual perception
Visual-motor performance
Visual-memory
Auditory perception
Auditory memory
Language development
Conceptual development

The consultant works with the identified children on an individualized basis. After an in-depth diagnosis is completed, an individualized educational program is planned for each child based upon his or her developmental needs. The consultant sequentially teaches the readiness skills which need to be attained and provides practice activities for further development of such skills.

The following chart depicts the teaching cycle of the kindergarten reading consultant:

The Teaching Cycle

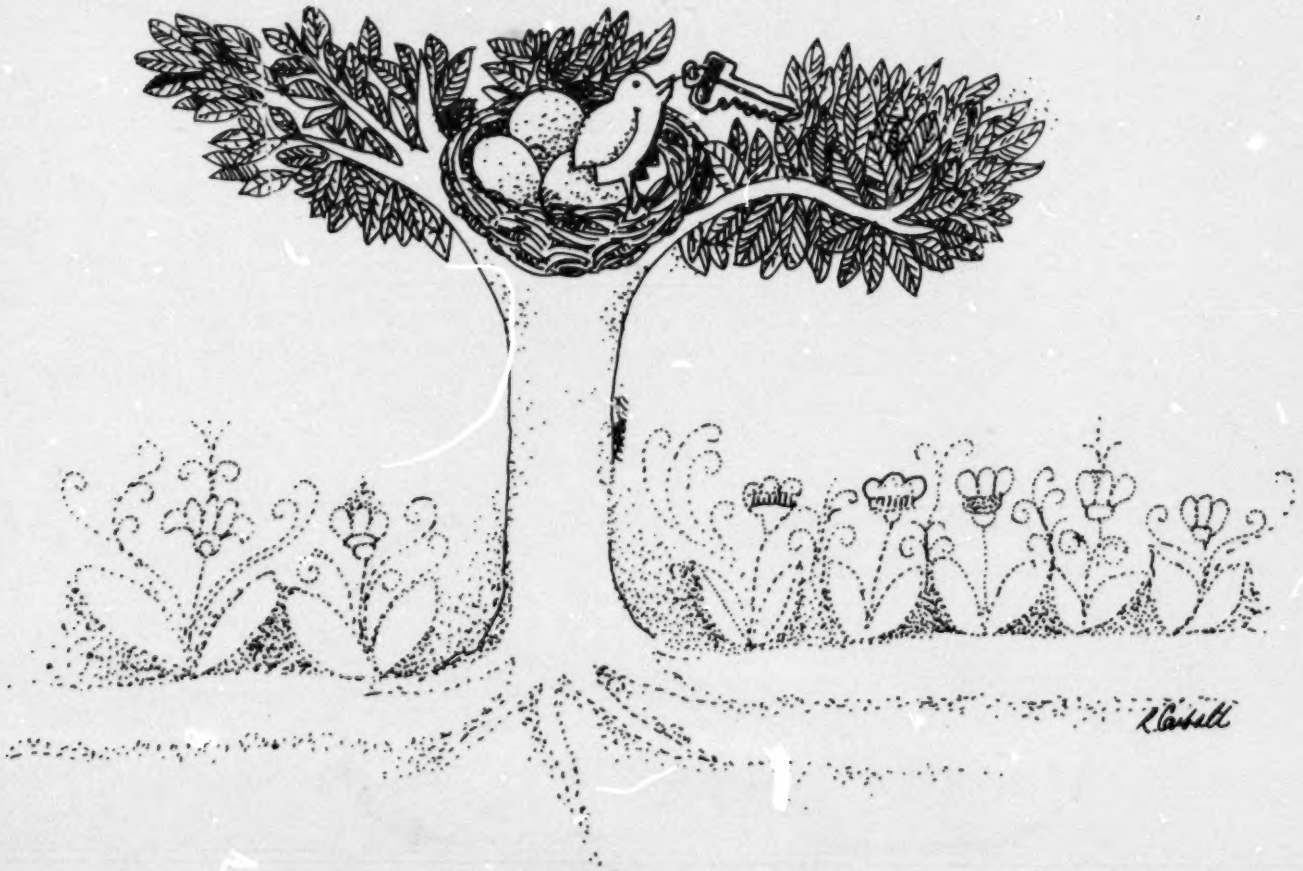


Every child's diagnosis is thoroughly discussed with his teacher and close contact is always kept with the classroom teacher regarding each child's progress in the classroom. The consultant suggests a variety of ways through which the readiness skills can be taught by the classroom teacher and provides materials to develop such skills. Thus, the child's remediation consists of a two-fold approach that includes individualized teaching of readiness skills by the reading consultant and carry-through of skill development in the classroom by the classroom teacher. The consultant and classroom teacher work closely in conjunction with the pupil personnel aspect of the team where necessary.

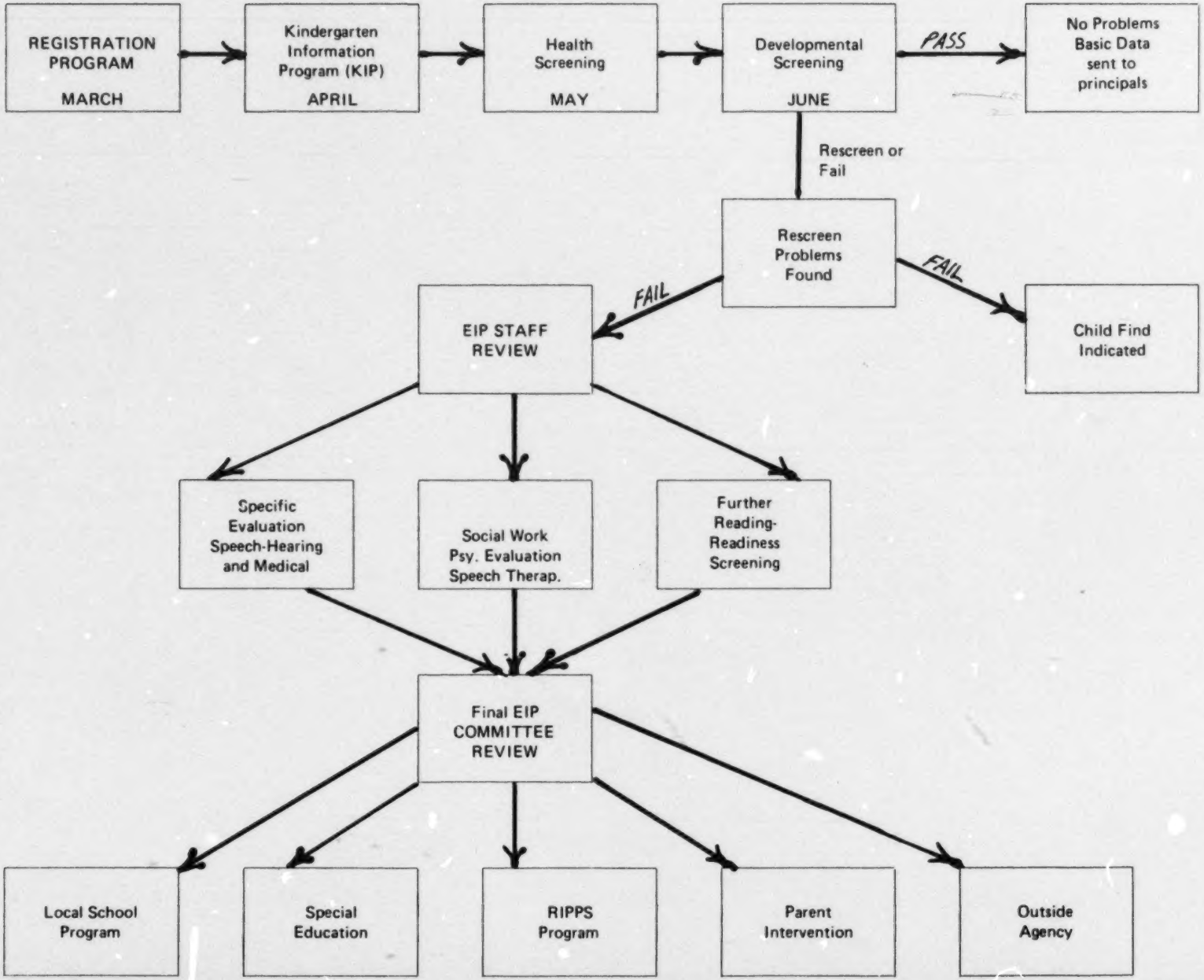
During the school year, the kindergarten reading consultant meets frequently with each child's parents to discuss their child's program and the areas of reading readiness which need further development. A variety of activities is suggested to the parents through which they can help develop the needed reading readiness areas and reinforce skills taught in the classroom. The parents are encouraged through a progressive involvement approach to become more closely allied with the school in the education of their child.

Providing services at the kindergarten level will diminish and eventually prevent many learning difficulties from occurring and provide a sounder educational base.

Early, appropriate education is the key.



PROGRAM OVERVIEW

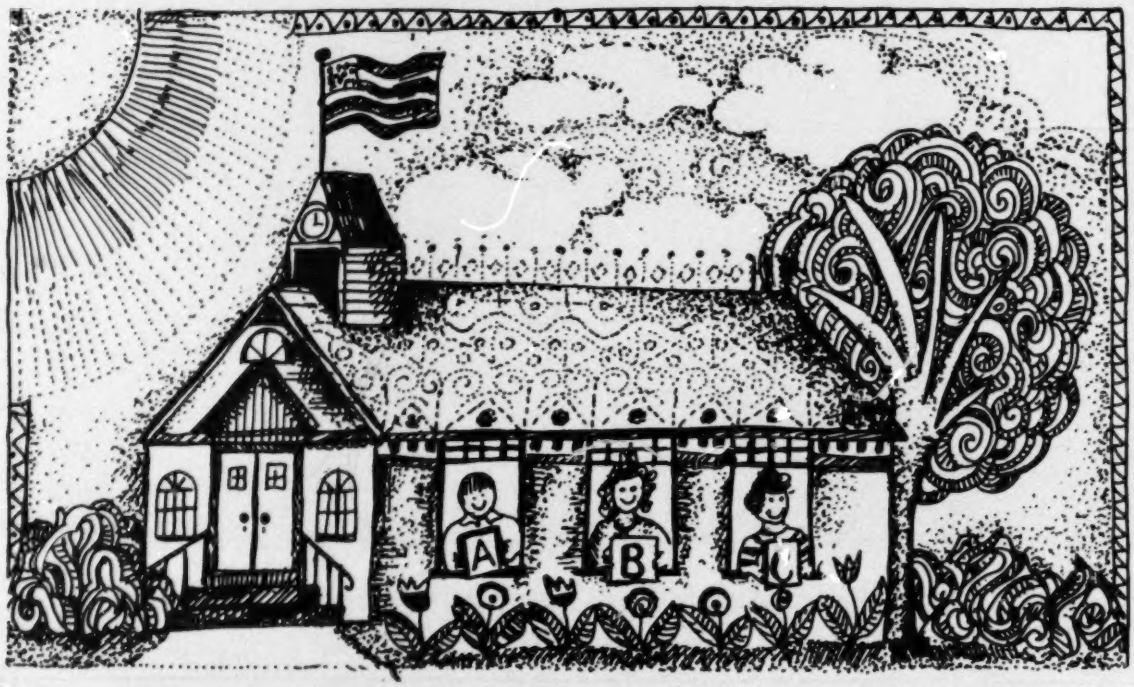


APPENDIX

SAMPLE FORMS CONTAINED IN PARENT INFORMATION PACKET

NOTE:

THE KINDERGARTEN HANDBOOK IS ALSO INCLUDED IN THE PACKET



Included in each packet is a post card which is filled out and self addressed by the parent on registration day.

REMINDER

VISION & HEARING SCREENING

St. Mary's Parish Center

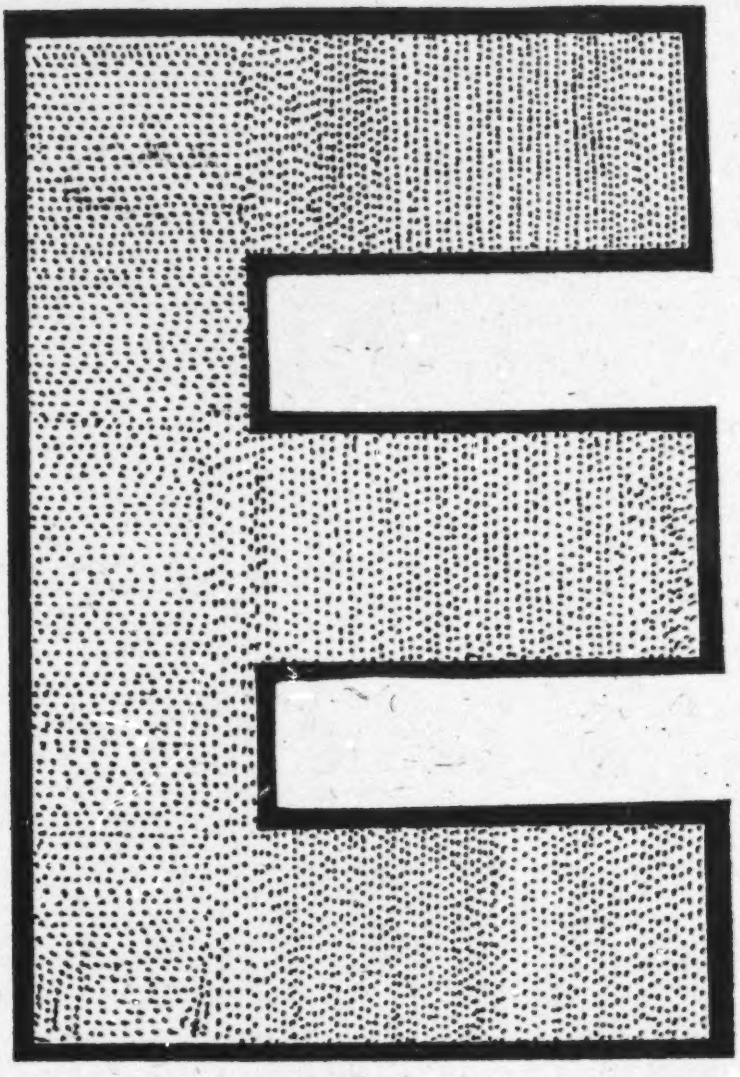
DATE_____

DAY_____

TIME_____

If unable to make this appointment please call 683-1814.

The card is then mailed to the parent at the appropriate time as the "appointment reminder".



(fold under here)

1. The above "E" is used in the vision screening of pre-school children. To help your child prepare effectively for this screening, play the "E" game with him/her.

2. Have your child make his/her fingers go in the same directions as the "E" legs.

When parents bring their children to the Health Screening they are given a post card which they fill out and self address.

REMINDER

EDUCATIONAL SCREENING

SCHOOL_____

DATE_____

DAY_____

TIME_____

If you are unable to make this appointment please call 683-1814.

The card is then mailed to the parent at the appropriate time as the "appointment reminder".

REPORT OF PHYSICAL EXAMINATIONS — Portsmouth School Department

Health examinations are required for all pupils entering the school system for the first time. They are also required for entering grades 4, 7, and 10. The method of choice is an examination by your family doctor. This report is used in the health guidance of your child while in school. Please return this form to your child's school.

HENRY V. DIODATI.
Supt. of Schools

Frederick A. Peirce, M.D. School Physician

TO BE COMPLETED BY PARENT:

Child's Name_____ Birth Date_____ Sex_____

Address_____ School)_____ Grade_____

Doctor's Name and Address_____

THIS SECTION TO COMPLETED BY DOCTOR:

Height_____ Weight_____ Lungs_____ Nutrition_____ Ears_____

Abdomen: Hernia_____ Liver_____ Spleen_____ Eyes_____ Glasses(?)_____

Orthopedic_____ Nose_____ Tonsils_____ Scoliosis_____

Lymph Nodes_____ Thyroid_____ Nervous System_____ Skin_____

Heart Functional_____ Organic_____ Speech_____ Blood Pressure_____

Teeth_____ Gingiva_____ Femoral Pulse_____

Medication_____

Allergies:_____

Illnesses, Injuries, Operations (note dates)_____
Family History of Diabetes: No____ Yes_____ (relationship)_____

ARE THE FOLLOWING IMMUNIZATIONS CURRENT (note booster dates) Required by State

*Diphtheria_____ *Polio_____ Small Pox_____
Whooping Cough_____ *Measles_____ Mumps_____
*Tetanus_____ *Rubella_____ Dates:
X-Ray: Neg._____ Pos._____

TB Test: Neg._____ Pos._____

Physical or emotional conditions of which the school should be aware:

_____ _____
Signature of Physician Date

THE SCHOOL HEALTH PROGRAM

A child must be in good physical health in order to learn at optium capacity. The health program is meant to assure that each child achieves the most of which he is capable from his educational opportunity and also to provide a healthy adult population for the future. With this goal in mind, policies have been devcloped to protect the health and promote the safety of children while in school.

The following information does not describe the program in full but is intended rather to be used as a guideline.

A. IMMUNIZATION against Diphtheria, Tetanus, Polio, Measles and Rubella is a STATE REGULATION for all pupils. Please be advised by your family doctor for completion of these immunizations. Send dates of immunization to the school upon completion of the requirements.

EXCLUSION: IMMUNIZATIONS MUST BE COMPLETE BEFORE ADMISSION TO SCHOOL. Once excluded, readmission will be contingent upon proof of completion of required immunizations.

B. PHYSICAL EXAMINATIONS are required for all pupils entering the school system for the first time. They are also required when entering grades 4, 7, and 10. The report of this examination is used in health guidance for your child at school. Immunizations should be reviewed with the doctor at each visit for examination.

C. MEDICATION IN SCHOOL must be accompanied by doctor's orders at all times. No patent medication will be given in school. No medication will be given by teachers. Contact the school nurse for special instructions.

D. A CHILD WHO BECOMES ILL IN SCHOOL is released into the care of the parents or parent designate (see E below) as soon as possible. The school nurse makes appropriate recommendations as needed. Duration of illness is greatly shortened by early diagnosis and treatment. Diseases are most communicable during the period when early symptoms are manifest.

No child should be allowed to attend school who shows any of the following symptoms:

FEVER	COUGHING/SNEEZING/RUNNY NOSE
VOMITING AND PERSISTENT STOMACH UPSET	EARACHE
SORE THROAT	TOOTHACHE

Children who have been ill with a fever should be allowed to recover at home for 24 hours AFTER there is no elevation in afternoon temperature.

E. EMERGENCY INFORMATION must be complete. Phone numbers must be included for persons who have given their permission to be called. These persons should be someone willing to come for your child in case of illness or injury at school and who will assume responsibility.

F. CHRONIC ILLNESSES, severe allergic reaction to insect sting, and health conditions hazardous to the child unless controlled should be discussed with the school nurse. Handicaps or limitations should also be discussed.

G. SPECIAL PROBLEMS of impetigo, pediculosis (head lice), athletes foot, scabies, ringworm and unexplained rashes need individual attention. Please call the school nurse for details on exclusion. Should anyone in your family become ill with a communicable disease please report it to the school.

SCHOOL POLICY: MEDICATION IN SCHOOL

Educators and doctors agree that students on daily medication may need to take some dosage while in school. If the attending physician feels that medication in school is necessary, please observe the following policy.

The school will need a note from the physician stating:

a. The name of the drug

b. The dosage while in school

c. The duration of the time on medication, not to exceed 3 months.

e. The signature of the physician.

SUGGESTED LIST OF SNACKS APPROVED BY SCHOOL DENTIST

CELERY CORN CHIPS PEANUTS APPLES SALTINES PEARS

NON-FROSTED BREAKFAST CEREAL WHEAT CRACKERS POTATO CHIPS

CHEESE PRETZELS LETTUCE CARROTS GREEN PEPPERS CUCUMBERS

LUNCH MEAT RITZ CRACKERS

Elementary School Nurse's Office - Hathaway School. Phone: 683-0500

DEVELOPMENTAL AND SOCIAL HISTORY

At what age did your child walk alone_____

At what age did your child speak words_____

At what age did your child speak sentences_____

Is his speech easily understood? _____

Can your child(answer yes, no or make comment if you wish)?

Roller skate_____ Ride a tricycle _____

Ride a two-wheel bike_____ Jump rope_____

Climb stairs easily _____ Climb a fence or tree_____

Skip and hop_____ Catch a ball _____

Does he/she:

1. Sing little songs or commercials_____
2. Get upset or cry easily_____
3. Seem unusually quiet_____
4. Repeat action or words needlessly_____
5. Pay attention and follow directions_____
6. Make up little games_____
7. Seem to be restless or fidgety_____
8. Seem to be generally happy _____
9. Say "I can't" without trying_____
10. Have temper tantrums _____
11. Seem to be a leader _____
12. Cry when not given his or her own way _____
13. Move slowly_____
14. Act without apparent reason, on the spur of the moment _____
15. Play well with other children _____
16. "Rock" his or her body _____
17. Seem to make friends easily _____
18. Know his or her colors _____
19. Know how to use a scissors _____
20. Use crayons or pencil with some skill _____
21. Dress him or herself _____

DEVELOPMENTAL AND SOCIAL HISTORY (cont.)

Does he/she:

22. Recognize familiar shapes, such as circles, squares, etc. _____

23. Count in sequence to (5 or 10) _____

What does this child like to do best at home? _____

_____

Does he or she have any favorite games or toys? _____

Does he or she prefer to play alone or with others _____

How old are this child's favorite playmates? (Note any relationships)_____

_____

How does this child usually get along with his or her brothers and sisters?_____

Does this child have any special fears(dogs,darkness, etc.)? _____

Do you have any special concerns about this child? _____

Does anyone read stories to this child? _____ Who?_____

What kind of stories does he or she like? _____

What TV shows does this child watch? _____

About how many hours a day? _____

Does this child display any special talents such as in music, art, performing for others, leading other children, engaging in physical activities _____

_____

Is there any other information that will help us understand this child?_____

_____

Form completed by: _____

Relationship to child: _____

Thank you for your time and patience in fillingout this questionnaire.

RIPPS Project Office, Glen Road, Portsmouth, R.I. 02871 683-1814

PARENT INTERVIEW FORM

FAMILY INFORMATION

Child's Name _____

	Year	Month	Day
	___	___	___

Boy ____ Girl _____

Address _____ Phone _____

Father's Name _____ Age ____ Occupation _____

Mother's Name _____ Age ____ Occupation _____

Number of brothers and sisters: ____

Names and ages: _____ _____

_____ _____

_____ _____

_____ _____

Parents' Education:

Father	Mother	
0	0	Grades 1 - 6
1	1	Grades 7 - 9
2	2	Grades 10 - 12
3	3	College, No Degree
4	4	Bachelor's Degree
5	5	Postgraduate, No Degree
6	6	Advanced Degree
7	7	Unknown
8	9	Not Specified

Race/Ethnic Background

1	American Indian/Alaskan Native
2	Asian/Pacific Islander
3	Black-Not Hispanic
4	White-Not Hispanic
5	Hispanic
6	Portugese
7	Other
8	Not Specified

Languages Spoken at Home:

1	English
2	Spanish
3	French
4	Italian
5	Portugese
6	Creole
7	Arabic/Syrian/Armenian
8	Other: _____

CHILD'S SCHOOL HISTORY

Has this child attended school (include nursery) before?

No _____ Yes _____ Where _____

MEDICAL HISTORY

Birth weight of child _____

Please comment if there were any problems or considerations concerning pregnancy and delivery: _____

_____

Did this child require any special medical care or hospitalization at birth to during the first month after birth? If yes, explain: _____

_____

_____

MEDICAL HISTORY(cont.)

Has this child ever been in the hospital or been seriously ill at home?

If yes, please explain_____

_____

Has this child ever had a serious accident? If yes, please explain_____

_____

_____

When was the last time this child saw a doctor? _____

Which doctor?_____ Briefly, what was the reason?_____

_____

Is this child currently on any medication?

No_____ Yes_____ What medication?_____

For what purpose_____

Is there anything to indicate this child may have a hearing problem?

_____

Does he have any problem with ear infection? If yes, please explain_____

_____

Is there any indication that your child may have a vision problem? _____

_____

Do you notice or has a doctor reported any of the following in this child?

_____Asthma

_____Frequent fever

_____Sinus trouble

_____Nose bleeding

_____Bed wetting

_____Allergies

_____Other physical problems(please explain)

_____ Headaches

_____ Seizures

_____ Overly active

_____ Overtired or lacking pep

_____ Heart trouble

_____ Blinks, squints, rubs eyes

Rev. 4/77

REGISTRATION FORM
PORTSMOUTH SCHOOL DEPARTMENT
PORTSMOUTH, R.I.

FOR OFFICE USE ONLY_____ IMMUNIZATIONS(5)_____

School

Registration Date_____Admission Date_____ Those lacking_____

PHYS. EXAM RET'D_____

Grade___Teacher_____ BIRTH CERTIFICATE_____

RECORDS REQ._____REC'D_____

BUS: A.M._____P.M._____

NAME OF REGISTRAR_____

STUDENT'S NAME_____ BIRTHDATE_____

ADDRESS_____ BIRTHPLACE_____

_____ Phone No._____(Unlisted treated confidentially)

Brothers/Sisters (Name and Birthdates):_____

Former Schools and dates attended (Most recent with address first)_____

Attended Kindergarten: Yes__No__ If retained, list grade and year._____

FATHER'S NAME_____ EMPLOYER_____

Occupation_____ Employer's Address_____

(If service, list rank)

How long do you plan to be in area?_____

MOTHER's NAME_____ Employer_____

Occupation_____ Employer's address_____

Working hrs._____ Phone_____

PERSONS WHO SHOULD BE CONTACTED IN CASE MOTHER OR FATHER CANNOT BE REACHED.(These persons should be someone who will be willing to come for the child at school in case of illness or injury, and assume responsibility.)

NAME_____TEL.NO._____RELATIONSHIP TO CHILD_____

ADDRESS_____

NAME_____TEL. NO._____RELATIONSHIP TO CHILD_____

ADDRESS_____

(School should be notified when changes occur which affect above information)

HEALTH CONDITIONS OF WHICH SCHOOL SHOULD BE AWARE:

Allergies-eczemas(list sensitivities)_____

_____

Asthma_____

Diabetes: Yes_____No____

Family History relationship_____

Glasses (Full or part time?)_____

Heart Condition_____

_____

Emotional Problems_____

Headaches_____

Hearing Problems_____Hearing aid_____

Medication (Specify)_____

Operations (note dates)_____

_____

Seizures_____

Other_____

Able to participate in full physical activity? Yes_____ No _____

_____ _____
Parent's Signature Date

DISEASE HISTORY: (note year)

Chicken Pox _____	Mumps_____	Pheumatic Fever _____	Tuberculosis_____
Diphtheria _____	Pneumonia_____	Rubella_____	Whooping Cough_____
Measles _____	Polio_____	Scarlet Fever_____	

IMMUNIZATIONS: "Every person upon first entering any public or private school in this state as a pupil shall furnish to the administrative head of such school evidence that such person has been immunized against diphtheria, tetanus, polio, rubella(and) measles (or had natural measles):.."(State of R.I. Regulations)

Indicate below date of each dose. (month and year).

Required by law:	#1	#2	#3	#4	#5
*Diphtheria					
*Tetanus					
Whooping Cough					
*Polio					
*Measles					
*Rubella					
Mumps					

TB Test: Neg.____Pos.____
Chest X-ray:Neg.____Pos.____
Other: Small pox_____ _____ _____

Family Physicain_____Phone No._____

Family Dentist_____Phone No._____

The physical form given to you separetely is to be completed by your family doctor.

BEST AVAILABLE COPY

PORTSMOUTH SCHOOL DEPARTMENT
Portsmouth, R.I. 02871
683-1814

Dear Parent:

In our continuing efforts to individualize our educational approach to children, Portsmouth is planning to conduct a pre-kindergarten screening program at our elementary schools. The purpose of this brief screening program is to gather information about each of our incoming kindergarteners so that we will be able to plan a very happy and successful school experience for them.

You have just been given an appointment for a brief vision and hearing screening for your child which will be conducted by the school nurse. When you return for this screening please bring with you the completed Parent Interview Form. If you would like assistance in completing the form or have any questions concerning it, there will be staff members available at that time.

We are looking forward to seeing you at the Kindergarten Information Program get together where you will have the opportunity to visit the school and to share information concerning your child's entrance to kindergarten.

You've invested years of love and care in your child. Going to school for the first time is an important milestone. Please share it with your child.

Sincerely,

Kindergarten Teachers
and
Members of the RIPPS Staff

CONFIDENTIALITY

All information collected during the Child Find process relating to you or your child will be treated in strictest confidence. No personal data which identifies you or your child will be released WITHOUT YOUR WRITTEN CONSENT to anyone other than educational administrators and professional personnel directly involved in providing educational services as specified by Public Law 93-380. Under this law you have the right to examine all records and have information changed if it is wrong or misleading.

PROCEDURAL SAFEGUARDS

If you feel that through the Child Find process your rights and/or those of your child are being violated, you may request a hearing in order to voice your concerns.

If you wish to be more fully informed of your rights regarding Confidentiality of Information or Due Process, that information will be provided upon request by your school system.

CONSENT

I have read the above statements regarding my rights and those of my child, and agree to have my child go through the Child Find Screening process.

Signature (Parent) _____ Date _____

Child's Name _____